

## Brownfield Job Training Program

Thank you for your interest in the Brownfields Technician Job Training Program. In this packet you will find a brochure with information about the program, and application, and a medical information questionnaire. Please take a moment to read the brochure and find out if our program is right for you. Our graduates earn an average of \$15 per hour when they become employed and the training is paid for through a grant from the Environmental Protection Agency. Training begins July 6, 2015 at SAU Tech' Arkansas Environmental Training Academy.

All parts of the application packet, including the medical questionnaire, must be filled out completely and returned no later than 5:00pm on June 18, 2015 to:

Camden City Hall  
Attn: Tom Vaughan  
206 Van Buren St. NE  
Camden, Arkansas 71701  
Fax 870-836-3369  
[admin1.camden@cablelynx.com](mailto:admin1.camden@cablelynx.com)

Applications may be mailed, emailed, faxed or returned in person to:

Please call 870-836-6436 if you have any questions or need more information.

## Frequently Asked Questions

### Environmental Workforce Job Training Program

#### *What does this training offer to the student?*

The classroom training, combined with practical, hands-on curricula modules will result in multiple certifications in environmental technology related subjects. This program will expose the student to a wide variety of jobs in environmental science and related fields: water treatment and reclamation operator, waste treatment, asbestos abatement, site assessment, hazardous chemical spill response, OSHA general industry, environmental safety technician, hazardous waste transporter, hazardous waste landfill operator, wastewater treatment, etc. Students completing this program have an opportunity to earn 20 Training Certificates, 4 State Licenses and 3 National Training Cards/Certificates.

#### *How much does this program cost?*

There is no charge to the student. All tuition, books, and fees are paid for with grant funds from the United States Environmental Protection Agency.

#### *How do I register for this program?*

Contact the Arkansas Workforce Center nearest you for more information.

Toll Free: 1-866-303-7655 (Camden)  
or 1-866-433-1274 (El Dorado) Website:  
[www.southwestatworks.org](http://www.southwestatworks.org).

## Partners



Arkansas Environmental Training Academy  
Randy Harper REM, Director  
Phone: (870) 574-4550



City of Camden, Arkansas  
Kathy Lee, Asst. Mayor  
870-836-6436



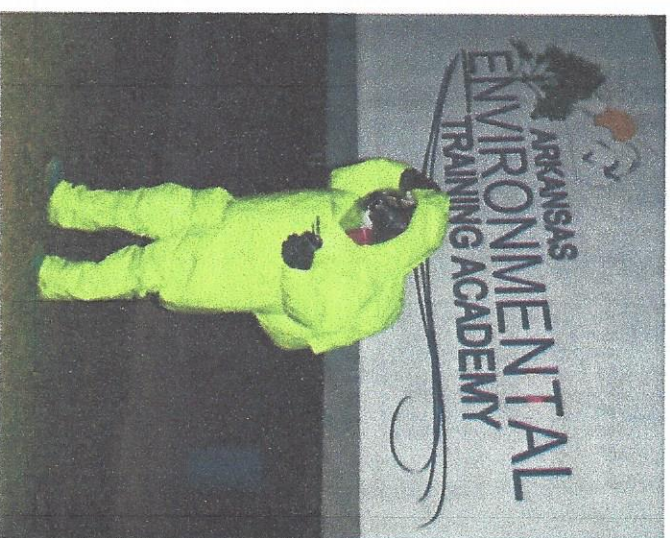
Arkansas Workforce Center  
1-866-303-7655



Southern Arkansas University Tech  
Camden, Arkansas



This program is made possible by a  
grant from the US Environmental  
Protection Agency.



# Environmental Remediation Technician



## ARKANSAS ENVIRONMENTAL TRAINING ACADEMY

### What is a Brownfield?

Brownfield's are real property. The expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant.

Cleaning up and reinvesting in these properties takes development pressures off of undeveloped, open land, and both improves and protects the environment.

### Program Purpose

Building on the success of it's previous Brownfield Projects, the City of Camden, through a grant from the EPA, has partnered with the Arkansas Environmental Training Academy and others to develop the Environmental Remediation Technician Training Program to train students in environmental careers.

### Training Curriculum

- Green Technologies: Innovated and Alternative Treatment Technologies
- CPR / First-Aid
- Chemical Safety Awareness
- Underground Storage Tank Leak Prevention
- OSHA 30-Hour General Industry
- Confined Space Entry
- HAZWOPER
- DOT Hazardous Waste Transportation
- Environmental Spill Response
- Industrial Wastewater Treatment
- Municipal Wastewater Treatment
- Stormwater Management
- Solid Waste Management
- Material Recovery & Recycling
- Soil & Groundwater Remediation
- Asbestos Worker
- Lead Renovation, Repair, and Painting

### Training Cycles

The Environmental Remediation Technician Training Program is comprised of three cycles, training 15 students per cycle.

#### Cycle I

January 19 - June 23, 2015

#### Cycle II

July 6 - December 15, 2015

#### Cycle III

January 18 - June 21, 2016

### Training Hours/Cycle

The program consists of 370 total training hours. Each training cycle will be comprised of traditional classroom lecture and advanced laboratory training. Classes will be taught Monday - Thursday from 5-9 pm to provide students who are employed an opportunity to participate.

## CITY OF CAMDEN'S ENVIRONMENTAL REMEDIATION TECHNICIAN PROGRAM

### **ARE YOU LOOKING FOR AN EXCITING NEW CAREER?**

The City of Camden, Arkansas, in partnership with SAU Tech's Arkansas Environmental Training Academy, The Arkansas Workforce Center and The U.S. Environmental Protection Agency are pleased to offer Cycle II of the Environmental Remediation Technician Training Program. The Program will train students in the field of environmental careers, and graduates earn an average of \$15 per hour when they become employed. All training is paid for through a grant from the Environmental Protection Agency (EPA), so there is no out-of-pocket expense to the student. Training begins July 6, 2015 and applications must be returned on or before **June 18, 2015**. The applications may be mailed, emailed, faxed or returned in person to:

Tom Vaughan  
City of Camden, Arkansas  
P.O. Box 278  
Camden, AR 71711  
Fax: 870.836.3369  
Email: [admin1.camden@cablelynx.com](mailto:admin1.camden@cablelynx.com)

Applications can be picked up at the following locations:

Camden City Hall, 206 Van Buren NE, Camden, AR 71701  
Ouachita Partnership for Economic Development, Camden, AR  
Arkansas Environmental Training Academy, East Camden  
Arkansas Workforce Center, El Dorado, AR  
Arkansas Workforce Center, Magnolia, AR  
City of Camden website at <http://camden.ar.gov>

Or Call 870-836-6436, for more information or for other locations near you.



# **WORKFORCE CENTER REGISTRATION**

*(This information will be treated as confidential and used only by staff providing services.)*

1. Social Security Number:		2. Date:	
3. First Name	Middle Name	Last Name	
4. Street Address or P. O. Box			
City	County	<input type="checkbox"/> Urban? <input type="checkbox"/> Rural?	State Zip
5. Telephone:		Alternate Phone #	Fax:
6. E-mail Address:		7. Date of Birth:	8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you a single, separated, divorced or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Number in family (counting self):
12. Race: Check all that apply <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino		13. Education status: <input type="checkbox"/> In-school, high school or less, include ABE/ GED <input type="checkbox"/> In-school, alternative school <input type="checkbox"/> In-school, post-high school <input type="checkbox"/> Not attending school or high school dropout <input type="checkbox"/> Not attending school; high school graduate Highest Grade completed:	
14. Have you served on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes, 180 days or less <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> No If Yes, answer <b>VETERAN</b> questions, below			

**15. If you answered that you are a VETERAN, please answer the questions in this section 15.**

Select your branch of service: <input type="checkbox"/> US Air Force <input type="checkbox"/> US Army <input type="checkbox"/> US Coast Guard <input type="checkbox"/> US Marine <input type="checkbox"/> US Navy	Active duty start date:		Active duty end date:	
	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other <input type="checkbox"/> Dishonorable		Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you a participant in the Transition Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you within 12 months of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you within 24 months of retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran Type: <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign	
	Are you entitled to compensation for a disability incurred while on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you discharged or released from active military duty because of a disability incurred while on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you entitled for compensation for a disability incurred while on active military duty and disability is rated at 30% or more? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your current disability rating from the Department of Veteran Affairs? _____ %				

**16. Was your spouse in the military?** ☐ Yes - answer the questions below in section 16 ☐ No - skip this section 16

Are you the spouse of any person who died on active military duty or military service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse of any member of the Armed Forces service who, at this time, has been in any one or more of the following categories for more than 90 days? <input type="checkbox"/> Missing in action <input type="checkbox"/> Forcibly detained or interned by a foreign government or power <input type="checkbox"/> Captured in the line of duty <input type="checkbox"/> No	
Are you the spouse of a person who has a total disability permanent in nature resulting from a military service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>17. Are you a seasonal farm worker or migrant farm worker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please answer the following questions:</b> Did you work at least 25 days in an seasonal agricultural jobs during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you work in a food processing plant on a seasonal and migrant basis during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Was more than one-half of your past year's income earned by working in agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you work for more than one agricultural employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you able to return home every day you worked in agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a full-time student who traveled with a group other than your family to work in agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>18. Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Not employed  <input type="checkbox"/> Employed, but with notice of termination or military separation Number of weeks not employed during the last 26 weeks: _____	<b>19. Select your interstate worker status:</b> <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states <input type="checkbox"/> Live in another state and looking for work in another state	<b>20. State Unemployment Insurance</b> <input type="checkbox"/> State claimant <input type="checkbox"/> Federal or military claimant <input type="checkbox"/> Extended benefits claimant <input type="checkbox"/> TRA claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant



Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

<b>21. Are you registered with Selective Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	<b>22. Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-citizen not eligible to work in U.S. <input type="checkbox"/> Non-Citizen eligible to work in U.S. Alien Cert Number _____ INS Form Number _____	<b>23. Do you have a valid driver's license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Endorsement _____
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24. If you answered in section 18 that you are **NOT EMPLOYED** or you have been laid off or you have received notice that you will be laid off, please answer the following questions in this section 24.

Please select the ONE that best describes your situation:	
<input type="checkbox"/> Have you been laid off or received a notice of layoff from your employer as a result of a reduction in the employer's workforce?	
<input type="checkbox"/> Have you been laid off or received a notice of layoff from your employer as a result of a permanent closing or major layoff?	
<input type="checkbox"/> Are you employed by an employer who has made a general announcement that the business will close within 180 days?	
<input type="checkbox"/> Are you employed by an employer who has made a general announcement that the business will close, without naming a specific date?	
<input type="checkbox"/> Were you self-employed and are now unemployed due to general economic conditions or a natural disaster in your community?	
<input type="checkbox"/> Are you a displaced homemaker? A displaced homemaker is an individual who was dependent on support from a family member whose support is no longer available, is unemployed or underemployed, and is having difficulty finding a job or finding a good job.	
<input type="checkbox"/> Are you unemployed as a result of military closures or realignments?	
<input type="checkbox"/> Are you unemployed due to multiple layoffs in a single local community, significantly increasing the total number of unemployed workers?	
<input type="checkbox"/> Are you unemployed due to emergencies or natural disasters which have been declared eligible for public assistance by the Federal Emergency Management Agency (FEMA)?	
<input type="checkbox"/> None of the above	
25. Are you unemployed due to one of these natural disasters? <input type="checkbox"/> Hurricane KATRINA <input type="checkbox"/> Hurricane RITA	

<b>26. If you were terminated or laid off (dislocated) from your last job, or if you are unemployed due to a natural disaster, please answer the questions in this section 26.</b>	<b>27. If you were terminated or laid off (dislocated) from your last job, please answer the questions in this section 27.</b>
Please enter the date of termination, layoff or disaster: _____ (mm/dd/yyyy)	Are you likely to return to your previous occupation or industry? Yes <input type="checkbox"/> No <input type="checkbox"/>
From what industry were you dislocated? _____	Have you received information that you are eligible for unemployment benefits or that you have exhausted your unemployment benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
What was your occupation (job) at the time of your dislocation? _____	Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of months at employer of dislocation: _____	
Hourly wage at dislocation (\$0.00): _____	

<b>28. To what extent do you want your job registration (résumé) to be seen by employers?</b> <input type="checkbox"/> Search Only – Never Display (No public display of the résumé; allows job seeker and staff to search for matching job listings) <input type="checkbox"/> No Confidential Information (Display all information except phone and fax numbers and address) <input type="checkbox"/> Full Display (Full distribution, full disclosure of all résumé information)
<b>29. Do you want employers to be able to see your work history in order to match their jobs against it?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

30. **Work History:** To finish registering, please enter your most recent work history as you would like for it to appear on your résumé. Registration will begin once this process has been completed. If you do not add a work history or provide information on the type of work you are looking for, your registration with job service will not be completed. **YOU WILL NOT BE REGISTERED WITH JOB SERVICE AND WE WILL NOT BE ABLE TO PROVIDE STAFF-ASSISTED JOB PLACEMENT SERVICES.** If you have any questions, please contact your local Arkansas Workforce Center or Department of Workforce Services office.

Company Name: _____	Supervisor or Contact Person & Phone Number: _____
Company City: _____ State: _____	Description and duties of the job: _____
Job Title: _____	
From (mo/yr): _____ To (mo/yr): _____	
The above information will appear on your résumé. (Check here <input type="checkbox"/> to leave it off.) The information below will not be on your résumé, but we will use it to serve you better.	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other _____
Do you want to search for work like this job description? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## MEDICAL QUESTIONNAIRE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please fill out this questionnaire to the best of your knowledge on any and all medical conditions you have or have had for your protection. The respirators and suits do become hot, heavy, and put a strain on the cardiovascular and pulmonary systems.

If you have any medical conditions not listed on this form which may be affected by participating in these activities please notify the instructor.

If you answer yes to any of the questions please list if there are no restrictions.

- |     |    |     |  |
|-----|----|-----|--|
| YES | NO | 1.  | Do you have or have you had a heart condition (heart attack, angina, heart murmur, pacemaker, etc.)?       |
| YES | NO | 2.  | Have you ever had rheumatic fever?   |
| YES | NO | 3.  | Do you have or have you ever had a brain tumor, stroke, or aneurysm?                                       |
| YES | NO | 4.  | Do you have claustrophobia (fear of confined space)?   |
| YES | NO | 5.  | Do you have high blood pressure?   |
| YES | NO | 6.  | Do you take medication for high blood pressure?  |
| YES | NO | 7.  | Do you have any lung diseases (emphysema, one or partial lung removed, etc.)?                              |
| YES | NO | 8.  | Do you have asthma or severe allergies?  |
| YES | NO | 9.  | Do you have a hernia?  |
| YES | NO | 10. | Have you suffered from heat exhaustion or heat stroke within the last two years?                           |
| YES | NO | 11. | Are you diabetic either controlled by diet, pills, or insulin?   |
| YES | NO | 12. | Do you have grand or any other type of seizures (epilepsy)?  |
| YES | NO | 13. | Are you taking any prescribed medication for a medical condition not mentioned above?                      |
| YES | NO | 14. | Do you wear contact lenses?  |
| YES | NO | 15. | Are you pregnant?  |
| YES | NO | 16. | Have you been approved by a physician or licensed health care professional to wear respiratory protection. |